

## **Midwifery Practice: Moving towards Professional Status and Community Recognition**

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#### **Abstract**

Historically, midwifery has struggled to gain and maintain professional status and identity. Amid the challenges of fulfilling the characteristics of a profession (Flexner 1915, Bixler& Bixler 1959, Pavalko 1971, cited in Ellis, Hartley 2004, pg. 156) and working under the subsumption as a special branch of nursing, midwifery practice has been influenced, defined and governed by Codes of Ethics, Practice and Conduct. However, recognition and acceptance by the general public and other professionals is the ultimate goal of any professional group (Wilkerson, 1998). Increasing public awareness of midwives has a dual role in that it also provides women with knowledge of models of care in pregnancy, thereby promoting the World Health Organisation recommendation: 'the need for every woman to have skilled care in pregnancy, childbirth and the immediate postnatal period...midwives are the most appropriate primary health care provider...' (WHO 1996, pp 1, 7). Therefore, community awareness of midwifery needs to be raised to achieve these objectives. In this paper, I will consider the Nursing Board of Tasmania's (NBT) 'Code of Practice for Midwives in Tasmania' 2003 and the Australian College of Midwives' (ACMI) 'Code of Ethics' 2001. After exploring these documents, I will outline the role they, and the organisations controlling them, have in regards to the professional practice of midwives. I will then look briefly (due to size constraints of this assignment) at strategies the profession can adopt to raise community knowledge of the role and function of the midwife.

Historically, midwifery has struggled to gain and maintain professional status and identity. Amid the challenges of fulfilling the characteristics of a profession (Flexner 1915, Bixler& Bixler 1959, Pavalko 1971, cited in Ellis, Hartley 2004, pg. 156) and working under the subsumption as a special branch of nursing, midwifery practice has been influenced, defined and governed by Codes of Ethics, Practice and Conduct. However, recognition and acceptance by the general public and other professionals is the ultimate goal of any professional group (Wilkerson, 1998). Increasing public

awareness of midwives has a dual role in that it also provides women with knowledge of models of care in pregnancy, thereby promoting the World Health Organisation recommendation: 'the need for every woman to have skilled care in pregnancy, childbirth and the immediate postnatal period...midwives are the most appropriate primary health care provider...' (WHO 1996, pp 1, 7). Therefore, community awareness of midwifery needs to be raised to achieve these objectives. In this paper, I will consider the Nursing Board of Tasmania's (NBT) 'Code of Practice for Midwives in Tasmania' 2003 and the Australian College of Midwives' (ACMI) 'Code of Ethics' 2001. After exploring these documents, I will outline the role they, and the organisations controlling them, have in regards to the professional practice of midwives. I will then look briefly (due to size constraints of this assignment) at strategies the profession can adopt to raise community knowledge of the role and function of the midwife.

Defining the Code of Ethics and the Code of Practice, as they pertain to midwifery, provide clarification as to the impact they have on practicing midwives. The ACMI (2001) describes ethics codes as '...often a mix of universal principles and strongly held values specific to the "professional" group and its culture.' A much clearer definition to reinforce this is that of Thomas and Pierson (1996, pg. 140) who define a Code of Ethics as:

A body of guiding principles for professional organisations to set the professional standard for good practice in relation to service delivery, client relationships and relationships between professional and other occupational groups.

The purpose of a Code of Ethics is to promote high standards of practice, establish frameworks for behaviour and responsibilities, provide reference points for self evaluation and provide a channel for professional identity and maturity (Life Skills Coaches Association of British Colombia, 2006).

When defining the Code of Practice the difference between these two codes then becomes clear. Esterhuizen (2006, pg.105) cites Bandman & Bandman (1985) in defining a code of professional practice as 'a system of rules and principles by which a profession is expected to regulate its members and demonstrate its responsibility to society'. Once again, this definition can be reinforced by the Irons' definition of a code of practice, which states:

A code of practice is an agreed set of activities, actions, technical requirements, responsibilities or responses to events or conditions that apply to a profession, trade or industry. These are often based on international or national standards...have been agreed upon by a professional body in an act of self regulation, considered necessary to restrict entry into the profession and to ensure that general professional practice is conducted at the highest level of integrity and quality. Sometimes...formalised into law, with particular practices described and strict requirements... with penalties if not strictly enforced (Irons 2002).

The purpose of the Code of Practice for Midwives in Tasmania is to 'provide practical guidance to midwives in practice in Tasmania; and to inform consumers of the role and responsibilities of midwives.' (NBT Code of Practice for Midwives in Tasmania 2003, pg.3)

To put these definitions into context regarding midwifery practice, it is helpful to be familiar with the classification of professional codes into three categories, including ethics, conduct and practice (Pritchard 1996, cited in Thompson 2002, pg.526 and Glover 1999, pg. 14). According to the classification, a code of ethics contains broad principles but no mention of the specific meaning in relation to practice, whereas a code of practice contains the standards of care a professional body must give in its service to clients. More simply said, a code of practice tells a profession *how* it must act and a code of ethics tells the profession *why* it is right to act that way.

To demonstrate this concept within these codes, one area of practice such as accountability, shall be considered. Midwife accountability features frequently within the domains of the ACMI's Code of Ethics (2001). One example of these is 'I.C: Midwives are accountable for their decisions and actions related to outcomes of their care of women.' (ACMI Code of Ethics 2001, pg. 2). As can be seen, this statement provides midwives with the general principle relating to professional accountability. However, when the same area of accountability is perused in Provision 3.0 of the NBT's Code of Practice (2003), the statement '*All midwives must be responsible and accountable for their own practice.*' (NBT Code of Practice 2003, pg. 6) is followed by a commentary of points on *how* to fulfil that requirement; such as working within the sphere of midwifery practice, demonstrating required competency standards and ensuring continuity of midwifery care.

The fundamental qualities of these codes describe the very nature of the organisations governing them. Apart from establishing frameworks and promoting high standards of practice, the Code of Ethics also provides a vehicle for professional identity. It, therefore, exists for the members of that profession just as professional organisations exists for its members. The ACMI, which governs the Code of Ethics, is Australia's professional organisation for midwives. As part of its mission statement, the ACMI (2004, pg 20) states that 'we exist to provide a unified political voice for the midwifery profession; support midwives to reach their full potential;...' and that one of their key strategic goals is 'to be an accessible, efficient, transparent organisation providing valued services to members'.

The Nursing Board of Tasmania, on the other hand, governs the Code of Practice for Midwives in Tasmania 2003. As stated previously, one of the purposes of this code is to inform consumers of the role and responsibilities of midwives. Another is to state what the minimum standards/requirements for practicing midwives in Tasmania are. Because this code is a by-law of the Nursing Act 1995, and therefore is part of legislation governing midwives in this state, it is used as a benchmark for assessment of competencies prior to registration and as a tool for professional conduct management. This conforms to the NBT's role which is 'to protect the public via the regulation of the profession. It is not an industrial organisation, rather one that has specific legislative responsibilities' (Verrell 2001,pg. 2). It sets standards of practice, registers midwives who meet its requirements, investigates complaints from the public and issues disciplinary action if needed.

The presence of two different organisations with different philosophies is essential so that both the professional and consumer populations are served as optimally as possible. Dr Dennis Kendel (2006 para 5) states:

While there is some alignment between professional self-interest and public interest, it is very difficult for dual purpose organisations to appreciate and consistently respect the fine line that divides the two. It is a fundamental conflict of interest for any professional regulatory body to concurrently serve as the “bargaining agent” for its members...professional regulatory agencies can only be optimally effective if they have a singular purpose, the protection and advancement of the public interest.

So, it can be seen that both organisations have fundamental differences in the types of population that they serve. The ACMI serves the members of the profession while the NBT, a regulatory agency, that incidentally has no legal requirement to have midwifery representation on its Board (Brodie & Barclay 2001, pg. 107; Bogossian 2001, pg. 27), serves the members of the public.

Amongst other defining criteria, the provision of regulatory and professional organisations controlling the codes governing the practice of midwives has meant that midwifery is gaining professional status (Ellis & Hartley 2004, pg. 156). The attainment of public recognition is the now ultimate objective to gain acceptance and raise community awareness. To accomplish this, midwifery professionals need to look at ways to raise community awareness and knowledge of the role and function of the midwife. In addition to this, they need to raise awareness and knowledge of the availability of midwifery services to ensure childbearing women have access to care by a midwife. There are numerous ways of achieving this, such as setting up tables at local fetes, conventions, festivals etc; talks in schools; library displays; media coverage in the form of newspaper articles and news, current affair and variety show segments on television and radio; advertising in magazines and in the form of bumper stickers, billboards or even on the back of buses! A substantial impact could be made by educating and soliciting the support of sanctioned primary health carers, such as general practitioners regarding the midwifery model of care. The first port of medical contact regarding pregnancy for most women is with their general practitioner so to have them support midwifery and refer women on to midwives will add to public approval of the midwifery model of care. More recently, websites such as Birthways.net ‘empowering birthing families’ (Radtko 2005) and women’s groups such as the Citizens for Midwifery Group of America and the Metropolitan Doula Group of New York (MGD Newsletter 2004) have come into vogue advocating for midwifery. In fact, Wagner (2005) states ‘In every country where I have seen real progress in maternity care, it was women’s groups working together with midwives that made the difference.’

Whatever strategies are chosen in an attempt to raise public awareness of midwifery, several factors need to be considered. Most importantly, the target group should be predominantly young women and adolescents. Therefore holding a table at the local CWA fair attracting elderly citizens or organising talks at early primary school level would not be appropriate. The type of material used and information that is imparted needs to be relevant, positive, informative, interesting and engaging. How, when and who presents the information to the target group is another relevant consideration.

To take an example, a program already running is the “Core of Life” Education Program which provides ‘pregnancy, birth and early parenting education of adolescents’ (Patrick & Smith, 2006). It is targeted at adolescents in the school setting; is presented by a midwife in partnership with either a youth worker or other health professional; and presents information (that can be “tailor-made” to address local issues) by means of videos, slides, discussions and opportunities for role-play. The

timing of the program and its presentation can be arranged to miss high-stress times such as exams, which could impede assimilation of any information. This type of setting also allows midwifery to be extolled and recommended as a career option!

In summary, Tasmanian midwives are regulated by the Code of Practice for Midwives in Tasmania 2003. The governing body of this code is the Nursing Board of Tasmania which sets standards of practice, registers midwives who meet its requirements and, in its role of protecting the public, investigates complaints and issues discipline if required. In addition to this, midwifery has a Code of Ethics 2001, governed by their professional body, the Australian College of Midwives Incorporated, whose objective is to provide valued services to its members. The purpose of these two codes is to inform practicing midwives *how* and *why* to act in the prescribed way. By their very existence, they also facilitate the professionalisation of midwifery. A priority objective for the profession is to ensure that childbearing women have access to care by a midwife. Within this context, acceptance and recognition by the general public constitute an important goal. There are several ways in which this can be achieved, but several factors need to be considered to provide the optimal dissemination of the information to be imparted. And finally, by gaining the approval and support of other primary health carers, the midwifery model of care can be promoted and direct referral of women to midwives may result.

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